

STATE OF HAWAII

SPECIAL INTERIM PERMIT ALLOWING DISABLED HUNTERS TO HUNT AND TAKE GAME WITH A CROSSBOW ON PUBLIC HUNTING AREAS

Eligibility Criteria: A person may obtain a special disabled hunter permit to take game with a crossbow if a licensed, practicing physician certifies that the applicant has a physical disability and that the applicant is functionally unable to effectively use regular archery or hunting equipment due to a physical disability.

Conditions and Restrictions: (1) Applicants for this special permit must provide proof of disability as certified by their physician, and proof of identity and residence, either by a notarized signature, or a legible copy of a government-issued valid photo I.D., such as a driver's license; (2) The disabled hunter permit shall indicate that the permit holder is authorized to use a crossbow; (3) The permit is non-transferable and may be revoked at any time if it is determined that it has been used by someone other than the person to whom it was issued or it has been altered to provide misinformation; (4) Only the permit holder is authorized to use a crossbow; (5) The crossbow shall have a minimum draw weight of 125 pounds; (6) The crossbow may be cocked and must be on safe while hunting, but the bolt must remain in the quiver until the permit holder is ready to shoot; (7) Transporting a loaded or unencased firearm or discharging a firearm on or across a public highway (as defined in Chapter 122 and 123) is prohibited; (8) All requirements of Chapter 122 and 123 will be followed with the exception of the permit holder using a crossbow and shooting from a vehicle on public hunting area access roads; (9) Anyone in violation of these permit requirements shall be in violation of Chapter 122 or 123, whichever is applicable, and the person in violation shall be subject to the penalties listed in 183D-5 and 183D-12; (10) This certification and the permit shall be valid for four years from the date of certification.

I hereby apply for a Disabled Hunter Permit to hunt with a crossbow in accordance with the above stipulations.

Name _____ Phone No. _____

Social Security No. _____ Date _____

Address _____ City _____

State _____ Zip Code _____

Sex _____ Weight _____ Height _____ Eye Color _____

I hereby certify under oath that the above information is true and-correct and that I am eligible to obtain this special permit.

Applicant Signature

Date

PHYSICIAN'S STATEMENT (must be completed and signed by physician)

I hereby certify the above named applicant is functionally unable to effectively use regular hunting or archery equipment due to a physical disability.

Physician Name (print) _____

Telephone Number _____ Address _____

City _____ State _____ Zip _____

Physician's Signature

Date

The above named applicant is hereby authorized to hunt and take game with a crossbow on public hunting areas.

Issuing Officer's Signature

Date

Issuing Officer's Title

Date